

## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

Wyoming Secretary of State  
The Capitol Building, Room 110  
200 W. 24th Street  
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312  
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E-mail: corporations@state.wy.us

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Pursuant to W.S. 17-16-1520 of the Wyoming Business Corporation Act, the undersigned corporation hereby applies for a Certificate of Withdrawal from the state of Wyoming, and for that purpose submits the following statement:

**FIRST:** The name of the corporation is: \_\_\_\_\_

**SECOND:** It is incorporated under the laws of: \_\_\_\_\_

**THIRD:** It is no longer transacting business in this state; and it hereby surrenders its authority to transact business in the state of Wyoming.

**FOURTH:** It revokes the authority of its registered agent to accept service on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in this state.

**FIFTH:** A mailing address to which the Secretary of State may mail a copy of any process served on him under item Four:

\_\_\_\_\_  
\_\_\_\_\_

**SIXTH:** It will notify the Secretary of State in the future of any change in its mailing address.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

*(May be executed by Chairman of Board, President or another of its officers)*

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**Filing Fee: \$50.00**

### Instructions:

- \* The document shall be accompanied by one (1) exact or photo copy.